## PATENT APPLICATION FEE DETERMINATION RECORD

Effective January 1, 2003

Application or Docket Number

J. KS# 016

CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL ENTITY TYPE		OR	OTHER THAN OR SMALL ENTITY	
TOTAL CLAIMS			24					RATE	FEE		RATE	FEE
FOR NUMBE				ILED	NUMB	ER EXTRA		BASIC FEE	375.00	OR	BASIC FEE	750.00
TOTAL CHARGEABLE CLAIMS 24				us 20=	*	4		X\$ 9=	36	OR	X\$18=	
INDEPENDENT CLAIMS minus 3 =					*	0		X42=	0	OR	X84=	
MULTIPLE DÉPENDENT CLAIM PRESENT								+140=		OR	+280=	
* If the difference in column 1 is less than zero, enter					"0" in c	column 2		TOTAL	0	OR	TOTAL	
CLAIMS AS AMENDED - PART II									7.1.1	)	OTHER	THAN
		(Column 1)		(Colur		(Column 3)	ı _	SMALL	NTITY	OR	SMALL	
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUMI PREVIO PAID	BER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
	Independent	* .	Minus	***		=		X42=		OR	X84=	
	FIRST PRESE	NTATION OF MI	JUNPLE DEF	ENDEN	CLAIM			+140=		OR	+280=	
								TOTAL		<u> </u>	TOTAL	•
	(Column 1) (Column 2) (Column 3)							ADDIT. FEE			ADDIT. FEE	
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	EST BER DUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	·
	Independent	* NTATION OF MI	Minus	***	CLAIM	=		X42=	·	OR	X84=	·
<u> </u>	THIOTTHEOL	TATION OF MI		LINDLINI	OLAIIVI		ا '	+140=		OR	+280=	
							1	TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	
		(Column 1)		(Colur		(Column 3)						
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BER DUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total ,	*	Minus	**		=		X\$ 9=		OR	X\$18=	
	Independent	*	Minus	***		=		X42=		OR	X84=	
Ľ	FIRST PRESENTATION OF MULTIPLE DEPENDENT						I ∤	+140=				
*	* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.									OR	+280=	
** If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  OR ADDIT. FEE  ADDIT. FEE												
		nber Previously Pa					er fou	und in the app	oropriate box	k in co	lumn 1.	